

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2400038

3

4 0

5 1

6

7 0

8 2

9

10

11

12 65-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5580-62-020950**

FILED JUN 7 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **St. Louis,**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Lutheran Hospital**

Length of stay in 1b

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Gardenville,**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

4642 Seibert Ave.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First **Louis**

Middle **H.**

Last **Schaefer**

4. DATE OF DEATH

Month **June**

Day **2,**

Year **1962**

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/22/1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Mallinckrodt Chem.

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Louis Schaefer

13b. MOTHER'S MAIDEN NAME

Josephine Blase

14. NAME OF HUSBAND OR WIFE

Estelle Schaefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Estelle Schaefer 4642 Seibert Ave.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

20 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart disease

4 years

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cholecystitis; Cholelithiasis; Cholecholelithiasis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5-3-61

to

6-2-62

and last saw him alive on

6-1-62

Death occurred at

4:20 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert H. Carson M.D.

(Degree or title)

22b. ADDRESS

4401 Hampton Ave.

22c. DATE SIGNED

6/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/5/62

23c. NAME OF CEMETERY OR CREMATORY

SS. Peter and Paul Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

24. FUNERAL DIRECTOR

Gebken-Benz Mortuary 2842 Meramec St. St. Louis 18, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

JUN 4 1962

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis 18, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.